Enrollment Request Form: ARTSSCI 3191.02
Autumn 2021 – First Session

Students seeking to enroll in ARTSSCI 1191 must submit this form to Richard Fajardo (fajardo.18@osu.edu). You are required to obtain input from your internship site for Section 3; therefore, you should allot a minimum of three business days to complete this form. Please submit the completed form no later than a week prior to the start of the semester. Please note that this internship course is subject to the same late enrollment fees as “regular courses”. Enrollment in the ARTSSCI internship courses is based on location of internship. If you will be working on-site for an employer located in another state, you will be charged out-of-state tuition and fees. If you are doing 100% virtual work for an employer located in another state, you will not be charged out-of-state tuition and fees.

PLEASE PRINT CLEARLY

Section 1 - STUDENT INFORMATION

Last Name: _______________________________________
First Name: _______________________________________
Student ID Number: ________________________________
OSU E-mail Address: ______________________________________
Cell Phone: (_____) (_____ - ________)
Cumulative GPA: _______

Major(s): __________________________________________

Expected Graduation (Semester/Year): ______________________

Previously enrolled in an ARTSSCI internship course during a prior semester/session? Yes No
If yes, specify when (Semester/Year): __________ and which course: 1191 3191.02 3191.01

Section 2 - INTERNSHIP SITE INFORMATION

Name of Company/Organization: __________________________

Location of Internship (city/state/zip code): __________________________

Company’s/Organization’s Website: __________________________

Hours per week you will be working at the internship site (estimate): ______

_____ requesting 1 semester credit hour (can request if you will be working a minimum of 25 hours at the site)
_____ requesting 2 semester credit hours (can request if you will be working a minimum of 62 hours at the site)
Attention international students: Have you been authorized by the Office of International Affairs to use Curricular Practical Training (CPT)/Academic Training during this particular internship? Yes No

Section 3 – INTERNSHIP VERIFICATION (to be completed by the site supervisor)

Supervisor’s Name _______________________________________ and e-mail address: ______________________________________________________

Supervisor’s Phone # (include extension if applicable): ______________________________

Supervisor’s Postal Address:
____________________________________________________________________________

Will the intern report to you at the above address? Yes No If no, specify the address of the internship site if work to be done in-person:

Street Address:
____________________________________________________________________________

City/State/Zip Code:
____________________________________________________________________________

Does the internship include virtual work? Yes No If yes, what percentage is done virtually? _______

Title of Internship Program:
____________________________________________________________________________

Start Date: ____/____/____ End Date: ____/____/____ Hours per week the student will work (estimate): ___________

Please describe each of the following internship components (or, attach related documents):

Typical intern duties:

Supervision and training planned for this student:

Career exploration support to be offered (e.g., opportunities to shadow staff, mentoring discussions, etc):

Compensation: ___Unpaid    ___Paid    If paid, please specify the wage: ________
Section 3 – INTERNSHIP VERIFICATION (continued)

Supervisor Agreement

I understand that the student is enrolling in an internship course that stipulates he/she do the following by the end of the semester:

1. Work at my organization for a minimum of 25 hours (for 1 semester credit hour) or 62 hours (for 2 semester credit hours)
2. Obtain my feedback on a performance evaluation form provided by the course instructor

My signature is consent that I will serve as the supervisor for this student and seek to structure the internship experience in a way that supports the student’s learning goals. (The course instructor assumes that you will work through a process at the start of the internship to set mutually agreed upon learning goals for the student. Please contact Richard Fajardo (fajardo.18@osu.edu) if you need a sample learning agreement to use during this process.) I also agree to arrange a site visit if one is requested by the course instructor.

__________________________________                                  _________________________
Supervisor’s Signature                                                   Date

Please return this form to the student upon completion. Thank you!

Section 4 – Office Use Only

Course: ARTSSCI 3191.02                Enrollment Semester/Year: AU 2021, 1st Session
Course Section: 040 (38055) – internship located in Columbus area
                050 (38056) – internship located outside of Columbus
                060 (38057) – internship 100% online

Instructor’s Signature: ____________________________________________

RECEPTION SERVICES: Please put the duplicate copy in the Intraviewer scanning bin after you enroll the student.